

**2013 MATERNAL & CHILD  
HEALTH (MCH) BLOCK GRANT  
ANNUAL DATA REPORT (7/1/2012 - 6/30/2013)  
Due Date: August 15, 2013**



Date

County

Name of person filling out form

Title

Street Address

City, State, Zip Code

Phone number

Email

## **Persons Served and Primary Pay Source**

**Does your county health  
department provide services  
for **PREGNANT WOMEN**?**

Yes

No

### **Primary Pay Source For Each Pregnant Woman Served**

Please count each woman only once under her primary pay source

Medicaid Title XIX

CHIP Title XXI

Private Insurance/ Other

None

Unknown

**TOTAL**

**Pregnant Women**

**served**

**Help text for all TOTAL fields:**

**Should be the total of all numbers entered in each pay source field above.**

**#s for Medicaid+CHIP+Private Ins/Other+Unknown = TOTAL**

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**Does your county health  
department provide services  
for **INFANTS UNDER 1 YEAR  
OF AGE?****

**Yes**  
**No**

**Primary Pay Source For Each Infant Under 1 Year of Age Served**  
Please count each infant only once under his/her primary pay source

Medicaid Title XIX

CHIP Title XXI

Private Insurance/ Other

None

Unknown

**TOTAL**  
**Infants Under 1 Year of Age  
served**

**Does your county health  
department provide services  
for:**  
****CHILDREN 1 YEAR THRU 22  
YEARS OF AGE?****

**Yes**  
**No**

**Primary Pay Source For Each Child 1 Year Thru 22 Years of Age Served**  
Please count each child only once under his/her primary pay source

Medicaid Title XIX

CHIP Title XXI

Private Insurance/ Other

None

Unknown

**TOTAL**  
**Children 1 Year Thru 22 Years of Age  
served**

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**Does your county health  
department provide services  
for:**

Yes

No

**CHILDREN WITH SPECIAL  
HEALTH CARE NEEDS  
(CSHCN)?**

**Primary Pay Source For Each CSHCN Served**

Please count each child only once under his/her primary pay source

Medicaid Title XIX

CHIP Title XXI

Private Insurance/ Other

None

Unknown

**TOTAL**

**Children with Special Health Care  
Needs  
served**

**Does your county health  
department provide services  
for:**

Yes

No

**WOMEN OF CHILDBEARING  
AGE?** (*non-pregnant women age  
15 to 45 [through their 44th  
year]*)

**Primary Pay Source For Each Woman of Childbearing Age Served**

Please count each woman only once under her primary pay source

Medicaid Title XIX

CHIP Title XXI

Private Insurance/ Other

None

Unknown

**TOTAL**

**Women of Childbearing Age  
served**

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**Does your county health  
department provide services  
for:  
OTHERS?**

Yes

No

OTHERS: unduplicated persons not already counted in any of the previous population categories: pregnant women, infants, children, children with special health care needs, women of childbearing age

**Primary Pay Source For Each Person Served**

Please count each person only once under his/her primary pay source

Medicaid Title XIX

CHIP Title XXI

Private Insurance/ Other

None

Unknown

**TOTAL**

**Others  
served**

## **Expenditures Made by Population Category for State Fiscal Year 2013 (July 1, 2012 - June 30, 2013)**

Need to know how much your county received in MCH BG funds? Click to view [2013 MCH BG County Allocations](#)

### Non-federal County Match\*

\*Minimum match should be \$3 for every \$4 received from MCH BG  
(example: county received \$100 MCH BG dollars, county match should be \$75)

## **Pregnant Women**

Non-federal County Match Spent

MCH BG Funding Spent

## **Infants under 1 year of Age**

Non-federal County Match Spent

MCH BG Funding Spent

## **Children 1 year to 22 years**

Non-federal County Match Spent

MCH BG Funding Spent

## **Children with Special Health Care Needs (CSHCN)**

Non-federal County Match Spent

MCH BG Funding Spent

## **Women of Childbearing Age (15-44 years)**

*(non-pregnant women age 15 to 45 [through their 44th year])*

Non-federal County Match Spent

MCH BG Funding Spent

## **Others**

OTHERS: unduplicated persons not already counted in any of the previous population categories: pregnant women, infants, children, children with special health care needs, women of childbearing age

Non-federal County Match Spent

MCH BG Funding Spent

## **Maternal and Child Health (MCH) Budget and Expenses for State Fiscal Year 2013 (July 1, 2012 - June 30, 2013) by Pyramid of Services**

Click to view [Pyramid of Services](#)

### **Direct Health Care Services**

Examples: preventive and primary care, direct clinical care, or any care that replaces services that could be provided by a primary care provider, health services for children with special health care needs (CSHCN).

Non-federal County Match Spent

MCH BG Funding Spent

Grant-related Income Spent

### **Enabling Services**

Examples: home visiting, health care coordination, transportation, translation, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination with Medicaid, WIC, and education.

Non-federal County Match Spent

MCH BG Funding Spent

Grant-related Income Spent

### **Population-based Services**

Examples: newborn screening, lead screening, school screenings, other screenings for health problems, immunization clinics, oral health, injury prevention, nutrition, and outreach/public education.

Non-federal County Match Spent

MCH BG Funding Spent

Grant-related Income Spent

### **Infrastructure-building Services**

Examples: needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, systems of care, information systems, data management and electronic reporting activities, and quality assurance.

Non-federal County Match Spent

MCH BG Funding Spent

Grant-related Income Spent

### **Administration**

(limited to 10% of your MCH BG funds)

Examples: bookkeeping, legal aid, and supervision of persons who are not health professionals

Non-federal County Match Spent

MCH BG Funding Spent

Grant-related Income Spent

### **Miscellaneous**

Billing Income

Donations/Fees Received

## **MCH BG TASK ORDER COMPLIANCE**

All of the questions below are based on the required elements of the Maternal and Child Health Block Grant (MCH BG) Task Order. This report verifies your county's compliance with the MCH BG Task Order requirements and should be filled out by the Liaison/MCH contact. If you have any questions or concerns please contact Ann Buss, Maternal and Child Health Coordination Section Supervisor, at (406) 444-4119 or [abuss@mt.gov](mailto:abuss@mt.gov).

1. Did your County comply with the [MCH Block Grant Funds Administrative Rules of Montana \(ARM\) 37.57.1001](#)?

Yes

No

2. Which of the following MCH required meetings has at least one staff member attended within the last year? (Please check all that apply)

2012 Montana Public Health Association Fall Conference

2013 Family and Community Health Conference

3. How were your Client Survey results used for Program Planning? (Please provide at least 1 and up to 3 examples)

Example #1

Example #2

Example #3

## County Services

4. Did your County have a referral system for MCH clients with a local or neighboring hospital?

Yes

No

4A. Please enter name and city of hospital:

5. Did your County have a system for following up on referrals of MCH clients made to the local or neighboring hospital(s)?

Yes

No

5A. Briefly describe your system for follow up of MCH clients:

6. Did your County have a system for following up on referrals of Children with Special Health Care Needs (CSHCN)?

Yes

No

6A. Briefly describe your system for follow up of CSHCN:

6B. Did your system include providing families with information on Children's Special Health Services (CSHS) and resources which are available through the CSHS program?

Yes

No



- |   |           |
|---|-----------|
| 6C. Did your system include your health department contacting the Children's Special Health Services section about possible resources available in your area? | Yes<br>No |
| 7. Were MCH services provided free of charge to clients at or below the <a href="#">federal poverty level</a> ?   | Yes<br>No |
| 8. Were MCH services provided on a sliding fee scale for those clients who are above the federal poverty level?   | Yes<br>No |
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## FICMR

- |  |   |
|--|---|
| 9. Did your County comply with <a href="#">statute Montana Code Annotated (MCA) 50-19-401 through 406</a> , which oversees the Fetal, Infant and Child Mortality Prevention Act? | Yes<br>No   |
| 10. Who conducted your county's FICMR reviews?   | Your county team (internally)<br>A neighboring county team or partner county: |
- 

**I certify that the information on the 2013 MCH Block Grant Annual Report is correct and in compliance with the 2013 MCH Block Grant Task Order.**

Printed name of person completing 2013 Annual Report:

Date

Email

**THANK YOU FOR COMPLETING THE 2013 MCH BG ANNUAL REPORT.**